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ABSTRACT

The current trend in biomedical information systems is to decentralization. Starting with the Medical Library Assistance Act of 1965, various plans of organization have been tried for improving the national diffusion of medical information. In 1968 the John Crerar Library became the Midwest Regional Medical Library, serving as an intermediary between local medical libraries and the National Library of Medicine (NLM). North Dakota was a member of this centralized information system. In 1973, the Midwest followed other regions in switching to a decentralized network, with 10 libraries designated as resource libraries for their regions and consortia of neighboring libraries being encouraged to form. The NLM requested that each region and state develop a resource sharing plan. The state plan for North Dakota will include division of the state into four service quadrants and central coordination by a new Director of Health Science Libraries. (PF)

North Dakota

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State Librarian

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DECENTRALIZATION OF THE NATIONAL BIOMEDICAL COMMUNICATIONS NETWORK

Development of Regional and State Plans

by

Elizabeth W. Bruce

Coordinator of Health Science Libraries for North Dakota

STATE LIBRARY COMMISSION

BISMARCK, NORTH DAKOTA

58505

RICHARD J. WOLFERT

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1974

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DECENTRALIZATION OF THE NATIONAL BIOMEDICAL COMMUNICATIONS NETWORK

Development of Regional and State Plans

The Problem

In a message to Congress on February 27, 1962, President John F. Kennedy stated:

> "The accumulation of knowledge is of little avail if it is not brought within reach of those who can use it. Faster and more complete communication from scientist to scientist is needed, so that their research efforts reinforce and complement each other; from researcher to practicing physician, so that new knowledge can save lives as swiftly as possible; and from the health professions to the public, so that people may act to protect their own health."

The President's Commission on Heart Disease, Cancer, and Stroke was a group of distinguished physicians and laymen from many fields whose mandate was to accumulate and study information on possible programs for alleviating suffering from these diseases--heart disease, cancer, and stroke--on a national level. These diseases are responsible for the greatest proportion of deaths in the United States, and the Commission was convinced that by dealing effectively with them, the nation could also improve the general state of health care for its citizens.

The Commission issued a two-volume report in 1965 under the title A National Program to Conquer Heart Disease, Cancer, and

Stroke, in which it is asserted that one of the difficulties in achieving a higher level of medical care was our failure to provide effective information service to health practitioners and researchers. The report cited the effect of weaknesses in our medical library system and of weaknesses in other areas of medical service and education upon the nation's ability to cope with these diseases:

> "The disrepair of the medical library system, so essential to the transmission of medical knowledge across time and space, constitutes a major weakness in both Federal and private health and medical programs....
>
> The deficiences in medical communications, particularly in the Nation's medical libraries, affect the activities of 3 million medical and paramedical personnel. The effect of the weaknesses of the medical library system on medical research, teaching and practice should be recognized as threatening....
>
> Inefficiency in the medical library network creates an insidious ignorance which neither science nor the practice of medicine can condone. It results in the unplanned and unnecessary duplication of research efforts. It postpones the application of new knowledge potentially important to the alleviation of human suffering." (1)

Enabling Legislation

The principal result of the report of the President's Commission on Heart Disease, Cancer, and Stroke was legislation that authorized the formation of the Regional Medical Programs in each state. The purpose of the RMP's was the development of new and innovative methods for solving problems in health science education and service. In several states these methods included the provision of library and information support services: assistance to hospital

and other health science libraries in dissemination of information to health care practitioners and consulting services to hospital libraries and librarians.

At the same time that the Regional Medical Programs were attacking in a general way the problem of poor information support for good medical practice, the passage of another major Act was intended to provide a specific solution by means of direct congressional support to medical libraries. The Medical Library Assistance Act of 1965 (Public Law 89-291, 84th Congress, October 22, 1965) authorized the National Library of Medicine to attempt to remedy deficiencies in medical information services, which the President's Commission and others had identified, by means of special grants and funding programs. Specifically the Act provided the National Library of Medicine with the resources to set up programs to provide funds to health science libraries and certain other agencies to accomplish the following objectives: a. to improve collections and services, b. to build new libraries or to renovate old ones, c. to develop new programs for education and training of information specialists and librarians, d. to conduct research in the way information is stored, retrieved, and transmitted, and e. to create a national network of Regional Medical Libraries. (2)

The Medical Library Assistance Act was funded initially for five years. The Act specifies that it will "assist in the develop-

ment of a national system of Regional Medical Libraries, each of which would have facilities of sufficient depth and scope to supplement the services of other medical libraries within the region served by it." It authorized support for a Regional Medical Library in each of eleven regions in the United States. Although the program was to be coordinated on a national level, each region was given autonomy to develop its own programs and to select a library or libraries to serve as the Regional Medical Library.

Region 7, the Midwest Region, came to birth by a slow process. In December of 1966, at the end of the first year of funding, representatives of some of Chicago's health science institutions met at the American Medical Association headquarters with a representative of the National Library of Medicine. The result of the meeting was the establishment of a local planning committee which would, in turn, select and sponsor an institution for designation as the Regional Medical Library.

The next development was a meeting in February 1967, of librarians from sixteen Chicago institutions at which subcommittees were appointed to survey information resources and user populations in the health sciences. The President of the John Crerar Library Board of Trustees wrote to the heads of many organizations to spur interest and also met with Mayor Richard Daley with respect to the need for promoting Chicago as the location for the Regional Medical Library.

The following month saw meetings with Illinois state officials, as both the University of Illinois Medical Library and the John Crerar Library were interested in being designated as the Midwest's Regional Medical Library. At that time an interim executive committee for a regional council was set up and by-laws were drafted. Two months later, however, the University of Illinois withdrew as a candidate, but the Universities of Minnesota and Wisconsin were interested.

In July of 1967, the first meeting of the regional council was attended by forty representatives from the states of Illinois, Iowa, Wisconsin, and Minnesota. The Midwest Region was becoming a formal organization.

In the Fall of that year a proposal was prepared by the John Crerar Library to be submitted to the National Library of Medicine. At this time the other libraries withdrew as candidates for designation as the Midwest Regional Medical Library. Crerar's proposal was reviewed and revised by the regional council, and the region was expanded to include Indiana.

Crerar's proposal was accepted by the National Library of Medicine in March, 1968, and the funding for the first year was approved at $150,000. These funds were to provide staff for regional services and to subsidize interlibrary loan transactions and document delivery costs at the John Crerar Library. In September, 1968, an Assistant Librarian for Regional Medical Library service

was appointed to the staff of the John Crerar Library and the recruitment of other staff was initiated. RML services began in November of that year.

North Dakota originally was assigned by the National Library of Medicine to the Mid-Continental Region which includes South Dakota and six other central states. Because they felt that North Dakota had traditionally looked to the East, especially to Minnesota, for medical library back-up service, Dean T. H. Harwood of the School of Medicine and Ms. Melba Younggren, Head of the Harley E. French Medical Library, contacted the National Library of Medicine during the summer of 1969, asking that North Dakota's designation be changed from the Mid-Continental Region to the Midwest Region. In October, 1969, Ms. Younggren met with the executive committee of the regional council of the Midwest Regional Medical Library and they encouraged her to seek permission from North Dakota's health science library community to join the Midwest Region. Concurrence of other libraries in North Dakota was obtained, and North Dakota became the sixth state of the Midwest Region on February 16, 1970.

A Centralized Regional Program

From November 1968 until April 30, 1971, the program of the Midwest Regional Medical Library was funded under the original Act and was organized as a "centralized" region. In a centralized operation all requests follow a previously designated communication path moving progressively to larger libraries. It is an hierarchical

system in which all requests for library materials that cannot be met by the local health science library are forwarded to the Regional Medical Library (RML).

Since the Regional Medical Libraries have large collections, many of the requested items can be supplied by loan or photocopy service at this level. If a needed item is not available at an RML, the request may be relayed to the National Library of Medicine, which has a strong in-depth research collection of literature in the health sciences.

At the discretion of the RML, the request may be sent to the RML in another region, known to have the required material. In this case the National Library of Medicine is a back-up library, a "library of last resort." The advantage of a centralized regional program is that the requester is assured of getting the needed material with a minimum of delay and repeated requests.

Under the centralized regional operation of the Midwest Regional Medical Library, no supplemental funding for interlibrary loan service was provided to libraries in the region other than the John Crerar Library. Crerar, as the RML, provided special services to all requesting health science libraries in the Midwest Region. With document dlivery service, Crerar received and filled requests which had been referred to it by other libraries unable to provide the needed material. Photocopies were provided without charge to the user, or if the item was longer than fifty pages, sometimes the entire item was mailed out.

Another activity was bibliographic service provided through the Medical Literature Analysis and Retrieval Service (MEDLARS), developed at the National Library of Medicine and made available to the Midwest Region through the MEDLARS Center at Crerar. Three professional librarians were sent to the National Library of Medicine for training as MEDLARS analysts, and they then provided all such computerized search services to the region's health professionals. The searches were formulated at Crerar and sent to the National Library of Medicine for processing.

A third service provided was a regional union catalog of medical books held in forty libraries. Policy changes at the National Library of Medicine eventually discontinued funding for this project but funds from other sources later were found to support the union catalog. A grant from the National Library of Medicine provided funds recently to analyze the cost/benefit ratio of maintaining the union catalog.

After the first funding period authorized in the original Medical Library Assistance Act expired, the Act was extended until 1973 and the Midwest Regional Medical Library Program operated under a negotiated contract from May 1, 1971 to April 1973. The program continued the same kind of document delivery service to the entire Midwest Region that it had provided under the grant with the exception that quotas were set up for free, or subsidized service per institution in the region. That is, each institution in the

region requesting documents from Crerar was allotted a certain number of cost-free items, and service beyond that number would be given on a fee-for-service basis.

Bibliographic service also underwent some changes. The National Library of Medicine initiated on-line searching capability by remote terminal for its MEDLARS data base, called MEDLINE. It provided terminals to all of the Regional Medical Libraries and the use of the Tymshare Corporation's communications network for direct access by telephone to the computer located at NLM in Bethesda, Maryland. The Regional Medical Libraries screen applications from other libraries and institutions in the region for MEDLINE access, in order to do their own on-line literature searching. The John Crerar Library no longer provides such searching services to the region as a whole. There are now about two dozen MEDLINE centers in the Midwest Region, although none yet is located in North Dakota. The decentralization of such bibliographic searching capabilities has led to the decentralization of other responsibilities within the region.

A Decentralized Regional Program

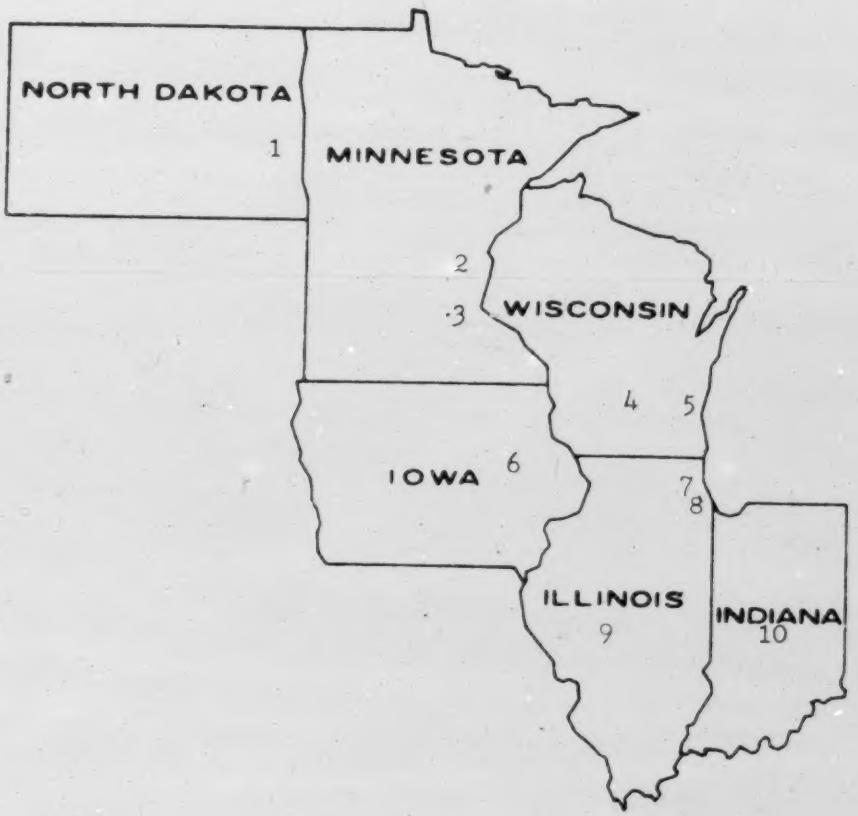
Before 1973, several other regions had begun to experiment with and to implement a decentralized organizational plan for providing health science information service. It was found that a decentralized network is a better design in regions widely dispersed geographically or in regions in which there are several good health science libraries but not one with unusually strong collections. (3)

A decentralized plan was instituted in the Midwest Region and a new contract signed with the National Library of Medicine, effective May 1, 1973. Ten libraries acrosss the six-state region have been designated as "Resource Libraries" to serve the local health science libraries in their areas. A map of the region on page 11 shows the location of these libraries. If the requested material is not available from one resource library, the request may be referred to another resource library within the region. In the case that the needed document is not located in the collection of any Resource Library in the region, the request is sent to the National Library of Medicine or to another region.

The ten resource libraries have each signed subcontracts with the National Library of Medicine to provide such service. Thus they all share the responsibility for document service which was formerly provided by the RML. The bibliographic service, formerly

PARTICIPATING RESOURCE LIBRARIES

1. University of North Dakota Medical School Library
2. University of Minnesota Biomedical Library at Minneapolis
3. Mayo Clinic Library
4. University of Wisconsin Medical School William S. Middleton Medical Library
5. Medical College of Wisconsin Medical Library
6. University of Iowa Medical School Library
7. The John Crerar Library
8. Library of the Health Sciences, University of Illinois at the Medical Center
9. Southern Illinois University School of Medicine Library at Springfield
10. Indiana University School of Medicine Library



provided by the MEDLARS Center at the RML, received no further funding from the National Library of Medicine. As more and more libraries throughout the region acquire the capability of on-line searching with the MEDLINE system, this service is becoming totally decentralized. Costs for MEDLINE services include personnel, terminals, line charges, computer connect time, and off-line printouts, and these are now either passed on to the library's patron or absorbed ty the institution providing the service.

In keeping with the concept of decentralization the directors of the ten resource libraries, meeting as the Assembly of Resource Libraries on October 9, 1973, voted to change the name of the region from the Midwest Regional Medical Library (which implies a single library) to the Midwest Medical Library Network. Greater responsibility is now placed upon the Network's Management Office staff for regional management and coordination, which includes coordinating the setting up of consortia of hospital libraries, the establishment with the resource libraries of decentralized document request processing and funding, advice on grant proposal procedures, consultant service in conforming to requirements of and participation in the national Bio-Medical Communication Network, the general promotion of cooperation among libraries, and better communication with health care practitioners.

In order to facilitate this last objective each state participating in the network has organized a State Advisory Committee, composed of library users and consumers of health science information, to provide input about the functioning of the network to the

directors of the resource libraries. In a tangible way this charge has already been met, for the State Advisory Committee of Iowa requested that the name of the region's operation be changed again to Midwest Health Science Library Network; it was felt that the word "Medical" was unduly restrictive and did not imply full participation by all types of health care professionals. The Iowa Committee's proposal was approved by a vote of the Assembly of Resource Libraries in January of 1974, and the regions programs now carry the new name.

The Assembly of Resource Libraries, composed of the directors of the ten resource libraries, has been designated as the final decision-making body within the region, and it has been agreed that the Assembly will meet four times a year.

In addition, the Committee of Coordinators is composed of a Coordinator of Health Science Libraries in each state. These six positions are funded by grants from the National Library of Medicine to a resource library in each of the states. The coordinators are directed by the Midwest Network's Management Office, although each coordinator has immediate responsibility to the institution managing the grant. The grant to the Harley E. French Medical Library of the University of North Dakota provides that the North Dakota Coordinator work full time with the Director of the Resource Library to aid in increasing accessibility to health science library services throughout the state.

Each of the federally funded State Coordinators has been given the responsibility to develop a model consortium of health science libraries within his state. These coordinators have agreed to meet monthly when convenient, four of which times will be in conjuction with the Assembly of Resource Libraries. In addition, a representative from each State Advisory Committee will meet annually, in conjunction with the Assembly and the Coordinators, to form a Regional Advisory Committee. The delegate to this committee from North Dakota is Dr. Eugene Bolliger of Ellendale; Mrs. Harriet Kling of Bismarck is alternate delegate.

A site visit team representing the National Library of Medicine met with the directors of the resource libraries of the Midwest Region on July 19-20, 1973, for the purpose of evaluating the region's programs. The site visit occurred at a crucial point in the history of library service in the region, almost coinciding with the change from a centralized to a decentralized mode of operation. The Evaluation Committee then recommended that a plan for regional operation be developed, and that the former Regional Medical Library, the John Crerar Library, should assume the management function for the articulation and implementation of such a plan.

Additional recommendations include a structure for the implementation of the regional plan, together with the adoption of appropriate methods of operation, and particular attention to the

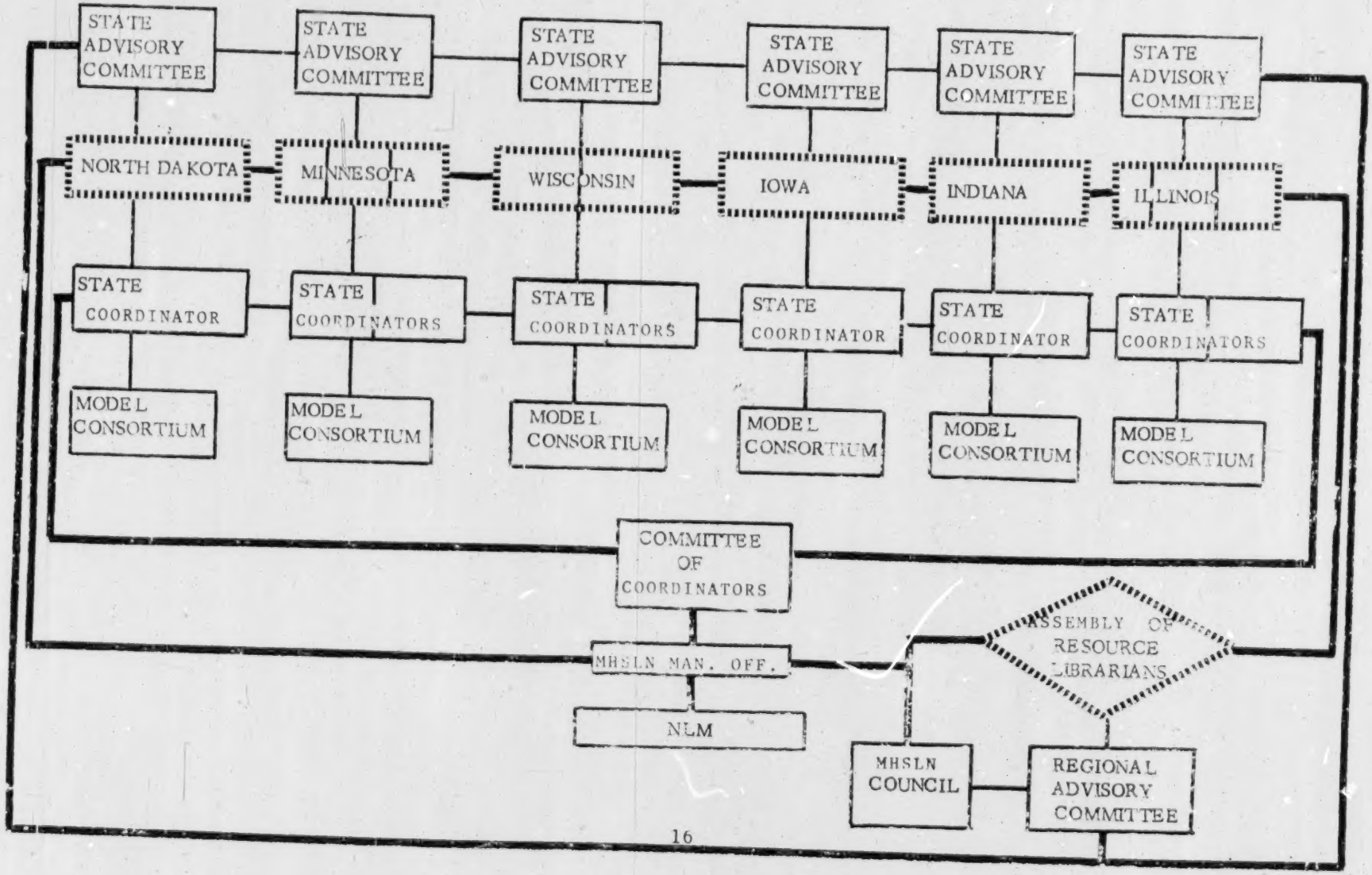
early facilitation of regional services other than document delivery. The organizational chart of the Midwest Health Science Library Network, presented by the region to the Evaluation Team, is now updated to reflect name changes and is included on page 16.

Memorandum from the National Library of Medicine

Further impetus toward the development of regional and state plans was provided by a memorandum to the Regional Medical Library Directors across the country from the office of Extramural Programs of the National Library of Medicine. The memorandum was dated December 12, 1973, and is included here as Appendix I. Briefly, the document notifies the RML Directors of the new policy that no grants for collection development projects will be awarded to any library in any region until that region has developed an adequate region-wide resource sharing plan. The plan must be sufficiently detailed to permit the Review Committee to arrive at an informed judgement on the merit of a proposal relative to specific priority resource needs of the region". The accompanying new release explains that resource sharing is to be understood in the broadest sense and should include shared acquisitions, cooperative services and processing, and the planned optimal use of existing human and material resources.

At the January 1974 meeting of the Assembly of Resource Libraries, a motion to develop a "Regional Plan" as soon as possible was carried. The development of such a Regional Plan falls into

ORGANIZATION CHART
MIDWEST HEALTH SCIENCE LIBRARY NETWORK



two categories. The first involves the document service, facilitated by the interlibrary loan network, that has been provided to the region since the beginning of RML service in 1968. The problem in regard to this issue has been to tailor the region's interlibrary loan program in such a way so that it would facilitate, rather than hinder, true regional cooperation. The second aspect of the development of a Regional Plan is the responsibility that falls to the six states of the region to produce "State Plans" for health science library development which will be fully compatible with the Regional Plan.

Interlibrary Loan Program, May 1974--May 1975

One result of a meeting of the State Coordinators in Chicago at the end of February 1974 was a memorandum sent to the members of the North Dakota Advisory Committee by the Coordinator of Health Science Libraries for North Dakota (Appendix II). The memorandum accompanied a Tentative State Plan and requested the reactions and ideas of the committee members in regard to it.

After a region-wide conference call and subsequent meetings of the Assembly of Resource Libraries a new Interlibrary Loan Program has been put into effect by the Midwest Health Science Library Network. The program provides an incentive to all health science libraries in the region to join into cooperative agreements with neighboring libraries. Specifically, it offers any health science

institution, which has need of health care information, fifty cost-free interlibrary loan transactions through the Resource Libraries of the region. A library which joins a consortium will pool its quota of fifty cost-free (or subsidized) loans with other consortium members; the total number of loans available to a consortium must, however, be administered by that consortium as a unit. In addition, a consortim may receive additional bonuses of cost-free loans by providing document service to other consortia or libraries, by developing additional services for its own member libraries, and by providing some of these additional services to other consortia or libraries.

The new Interlibrary Loan Program is now being put into effect. A major responsibility of the State Coordinators is to explain the requirements and benefits of the program to the staffs of any libraries who need such aid. Within a few months, it should be possible to evaluate the new program in terms of its contributions to the long-range objectives of true cooperation between and among libraries, in order to make the full benefits of the Biomedical Communications Network available to all practising health professionals in the region.

A State Plan for Development and Coordination of Health Science Libraries in North Dakota

Within the next year, North Dakota should have devloped a plan for the development and coordination of health science libraries which will be compatible with the developing Regional Plan and which will insure accessibility to regional and national networks of health science information for all of the state's health care practitioners. North Dakota's State Plan should follow the lead of the region in decentralizing its services and responsibilities to meet specific local needs and to avail the state of the benefits of local financing for individual libraries in the state network. At the same time, however, North Dakota's plan should provide for strong central coordination of the state's health science libraries to meet the needs of the expanding medical education program.

The geography of North Dakota provides for the natural division of the state into quadrants, and this feature will serve more easily to facilitate a decentralized plan. Already, four Area Health Education Centers have been organized, with offices at Bismarck, Minot, Grand Forks, and Fargo. Upon this structure will be developed North Dakota's programs for basic medical education, basic allied health education, and continuing education in all health care fields.

The State Plan for health science library development must be flexible enough to provide the specific services required by the educational efforts in each AHEC. It should also reflect the

political and fiscal realities of the state, while not losing sight of the ultimate goal of providing information service of the highest quality. This goal can be accomplished by discriminating use of library and information technology coupled with intelligent implementation of the Regional Plan.

Central coordination will be provided by the new position of Director of Health Science Libraries. Under the authority of that office several centralized services can be provided to the state's health science libraries, including technical processing and the production of union lists and union catalogs, coordination of audio-visual services, and coordination of bibliographic services, including MEDLINE.

The medical school itself is planned as a decentralized operation with central coordination. That fact should facilitate consortium development in each AHEC area.

Several problems, however, must be considered in order to form a viable State Plan. One of these is the determination of financial responsibilities for the development of library collections and for staffing in the state's many health science libraries. Some of these libraries will be serving the needs of their institutions' staffs and those of medical students at the same time, while another may become the central library for an AHEC area.

An additional concern is that of interstate areas. In terms of the developing national network, which is planning its decentralization by means of regions which rely on state boundaries for their own

demarcation, service to interstate areas is no small problem. One-fifth of the nation's total population and one-third of the national population living in metropolitan areas are located in twenty-six metropolitan complexes which cross state lines. (4) The only Standard Metropolitan Statistical Area in North Dakota is one of these interstate complexes. Fortunately, for health science library coordination, the Fargo-Moorhead SMSA lies entirely within the Midwest region, a situation not found in, for example, the St. Louis SMSA of Missouri--Illinois or the Louisville SMSA of Kentucky--Indiana, which also cross regional lines.

The State Plan for North Dakota should make adequate provision for these and other aspects of health science library coordination. It is hoped that within the next year a State Plan for the Development and Coordination of Health Science Libraries in North Dakota can be drafted and approved by the Director of Health Science Libraries, the State Coordinator, the State Advisory Committee, the administration and faculty of the School of Medicine, and all affected library personnel.

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MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
NATIONAL LIBRARY OF MEDICINE

TO : Regional Medical Library Directors

DATE: December 12, 1973

FROM : Associate Director, NLM-EMP

SUBJECT: Collection Development Projects

At their meeting November 29-30, the Board of Regents examined the Extramural Programs support of Collection Development Projects over the past three years and the resulting future commitments against the budget. The Regents concluded that continuing to award new projects for collection development to individual institutions without reference to a regional resource sharing plan does little to further the development of the Regional Medical Library Network.

The Board recommended, therefore, that beginning February 1, 1974 new applications for collection development projects should not be processed for review from a region until the region has developed an adequate region-wide resource sharing plan. The plan must be sufficiently detailed to permit the Review Committee to arrive at an informed judgment on the merit of a proposal relative to specific priority resource needs of the region. The Board believes that this procedure will stimulate cooperation within each region to assist the Directors in planning efforts. The procedure will also assist the Extramural Programs to allocate its resources in the ways most effective to achieve one of its goals--the support of rapid and orderly network development.

for Ernest M. Allen, Sc.D.

REGENTS POLICY ON RESOURCE SHARING

The Board of Regents at its November 29-30 meeting recommended that the NLM Extramural Programs suspend the award of new collection development projects for each RML Region until such region develops an adequate region-wide resource sharing plan. Beginning February 1, 1974 applications for collection development projects will not be processed for review until regional resource sharing plans are available. In all other respects the current guidelines for collection development in new schools remain in force (Medical Library Resource Project Grants Application Information and Instruction, September 1973). Improvement Grant applications will continue to be reviewed but would benefit significantly from a consideration of local resources and potential cooperative activity.

In reaching this decision, the Board of Regents reviewed support for collection development projects over the past three years and the budgetary implications for the next several years. From FY 1971 to the present over $1,350,000 was awarded to 23 institutions for collection development projects. There is already an additional future commitment of $370,000. Further, approximately $1,000,000 more was awarded in Improvement Grants and expiring formula grants initiated under the original MLA Act of 1965.

The Regents recognize the great need that exists for biomedical literature resources in new medical schools, in new education programs, and where new

health care facilities and services are being organized. At the same time, the NLM is dedicated to using its resources to develop in a rapid and orderly fashion a regional medical library network that will make the totality of significant biomedical information resources accessible to as many health professionals as possible.

The Regents believe that the policy on collection development projects will greatly assist in the achievement of this objective. In a time of diminishing resources of all kinds, resource conservation has become a necessity. Resource sharing is meant in the broadest sense, to include shared acquisitions, cooperative services and processing, and the planned optimal use of existing human and material resources.

Officials at first and second level institutions are urged to work actively with the RML in formulating region-wide plans. Such plans should include clear statements of the objectives of resource building at all levels in the region. The areas of responsibilities for resources sharing, priorities for shared acquisitions based on existing subject strengths, and other cooperative efforts should be identified for each level in the network heirarchy. Phased development in a management-by-objectives mode may be one useful approach among several.

Appendix 2

Midwest Medical Library Network

COORDINATOR FOR HEALTH SCIENCE LIBRARIES IN NORTH DAKOTA
912 3rd Avenue South, Fargo, North Dakota 58102
Telephone 701-293-1727

March 6, 1974

M E M O R A N D U M

TO: State Advisory Committee Members

FROM: Elizabeth W. Bruce
Coordinator of Health Science Libraries for North Dakota

RE: Tentative State Plan

Enclosed are some documents from the central office of the Midwest Region, which refer to the developing Regional Plan. Each of the six states is asked to develop a State Plan compatible with the Regional Plan. The first major concern is in the area of coordination of subscriptions to journals throughout the state and the region.

I have attempted to outline a State Plan for North Dakota that will fulfill the requirements of the region at the present time. A document from North Dakota is due at the Central Office in Chicago by March 31; the Regional Plan, which will include input from all six states, will be discussed at a meeting in Chicago on April 24.

May I ask you to examine the proposed State Plan and send me any reactions or ideas you may have concerning it. If you can find the time to do this within the next week, your help in generating an appropriate document from North Dakota will be greatly appreciated.

Thank you for your interest.

Enc.

The Midwest Medical Library Network is supported by the National Library of Medicine, National Institutes of Health. Service is provided to health science personnel in Illinois, Indiana, Iowa, Minnesota, North Dakota, and Wisconsin.

The Midwest Medical Library Network, a component of the National Biomedical Communications Network as established by the National Library of Medicine under the Regional Medical Library Program in Public Law 89-291 and 91-212, is responsible for the planning of a coordinated system within the region for provision of health science library services. To stress the importance of regional planning, the Board of Regents of the National Library of Medicine has decided that project grants (not the $3,000 basic grant) will no longer be awarded for the purchase of books, journals, and other printed materials until a regional plan has been developed."--Regional Plan.

REGIONAL STRUCTURE: RELATIONSHIPS TO THE REGIONAL NETWORK (tentative plan)

Every hospital, clinic, academic health science institution, and other health care facility in the Midwest Region will be sent a description of the Midwest Health Science Library Network and a questionnaire to identify its library and elicit general information about it. In terms of the questionnaire, the following levels of participation in the network have been identified, which, it should be noted, are intended as incentives toward increased interlibrary sharing:

Basic Units

I. Non-Affiliates of the Network (those libraries which do not return the questionnaire).
   Benefit: In terms of interlibrary loan, one contact with the Network up to ten items; no more subsidized loans until the questionnaire is returned.

II. Network Affiliate, Non-Coop Member (those libraries which return the questionnaire but have not organized or joined a Coop).
   Benefit: Ten subsidized loans.

Associations of Basic Units

III. Coop Level (two or more Basic Unit libraries sharing some resources and/or services).
   Required: list of Coop members
   interlibrary loan statistices
   existence of Coop holding list
   Benefit: Region will endorse application of Basic Improvement and Project Grants. At this level each Coop Member Library will receive an additional interlibrary loan quota.

IV. Consortium Level

Required: Formalized legal agreement of cooperation for library services in addition to inter-library loan; eg. Medline, Union List, Coordinated Acquisitions, etc.

Benefit: For each additional cooperative service added, there will be an additional interlibrary quota.

Large (and/or Specialized) Health Science Libraries (interlibrary loan quotas and other benefits have not yet been determined for this level).

V. Supplemental Resource Libraries
Academic health science
Non-academic health science
Commercial

VI. Resource Libraries

STATE PLAN FOR NORTH DAKOTA

I. General organization

1. Each hospital, clinic, academic health-science, and other health care facility should be encouraged to join a coop or consortium for the sharing of library resources and services.

a. If the new regional plan is adopted, an incentive plan of additional subsidized inter-library loans will make affiliation with other libraries more attractive.

b. Two kinds of affiliation will be encouraged:

(1) Coop: An informal grouping of two or more libraries which will prepare a common holdings list, or perhaps, a true Union List, and attempt to assist each other at the basic level.

(2) Consortium: A formal cooperative organization for

the sharing of library and information services of several kinds, going beyond the fundamental services of the Coop.

2. Each AHEC librarian should identify appropriate coops within his AHEC area and work to acquaint the administrators and library personnel of those institutions with the benefits of joining a coop.

3. Within each AHEC and within the state appropriate consortia should be identified. Perhaps each AHEC will form one Consortium.

II. Periodicals.

1. Within each AHEC (or Consortium) a basic number of periodical titles should be kept for a specified period of time. These titles should include, at least, those on the Regional Common Titles List.

2. Each Coop will share a smaller, core list of periodical titles. The participating libraries should share a list of all titles which the Medical School Library has identified as a "stop" list, or list of titles so common that the Resource Library will not fill requests for them. The cooperating institutions should go to each other for those titles and not to the Medical Library.

3. The chairmen of the departments of the School of Medicine will make sure that library collections in each health care institution affiliated with the School of Medicine are adequate to support the teaching programs developed at those institutions. In order to accomplish this, they will work with the State Director of Health Science Libraries, the AHEC Directors, and the AHEC Librarians. In this way basic collections of journals can be tailored to the needs of particular programs at the same time that they are made compatible

with the needs of a given Coop, of the AHEC area (or Consortium), and of the state.

4. Each Consortium should develop a Union List of Serials, with complete holdings indicated, to facilitate sharing, so that access to information can be more nearly standardized across the state.

5. Common Titles List.

   A regional committee of Directors of Resource Libraries is compiling a region-wide Common Titles List of between 100 and 200 journal titles. There has been a suggestion that the region follow the Minnesota plan of a smaller Common Titles List for small hospitals (under 100 beds). Perhaps North Dakota can adopt the large regional Common Titles List as a basic list of journal titles for a Consortium (or AHEC); the smaller list can then serve as a basic list at the Coop level.

III. Monographic literature

IV. Services

V. Facilities

(These topics, and perhaps others, will be included in the State Plan as it is developed. We have been asked, however, concern ourselves with journal titles at the present time.)